

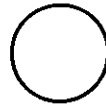
MAIL ROOM, GEORGIA DEPARTMENT OF PUBLIC SAFETY, ACCIDENT REPORTING UNIT, P.O. BOX 1456, ATLANTA, GEORGIA, 30371-2203

Accident Number		Agency NCIC No.		GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT				County		Date Rec. By DPS	
Date		Day Of Week <input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S		Time		Off. Arrived		Total Number Of: Vehicles Injured		Inside City Of: Fatalities	
Road of Occurrence _____ At Its Intersection _____ 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. With 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.										Corrected Report Yes <input type="checkbox"/>	
Not At Its Intersection But _____ 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line Miles 1 <input type="checkbox"/> North 3 <input type="checkbox"/> East Feet 2 <input type="checkbox"/> South 4 <input type="checkbox"/> West										Suppl. To Original Yes <input type="checkbox"/>	
And Continuing in the Direction Checked Above The Next Reference Point is 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line											
Driver # Last Name First Middle				Driver # Last Name First Middle							
Ped <input type="checkbox"/> Address				Ped <input type="checkbox"/> Address							
City State Zip DOB				City State Zip DOB							
Driver's License No. Class State <input type="checkbox"/> Male <input type="checkbox"/> Female				Driver's License No. Class State <input type="checkbox"/> Male <input type="checkbox"/> Female							
Posted Speed Insurance Co. Policy No.				Posted Speed Insurance Co. Policy No.							
Year Make Model Telephone No.				Year Make Model Telephone No.							
VIN Vehicle Color				VIN Vehicle Color							
Tag # State County Year				Tag # State County Year							
Trailer Tag # State County Year				Trailer Tag # State County Year							
<input type="checkbox"/> Same as Driver Owner's Last Name First Middle				<input type="checkbox"/> Same as Driver Owner's Last Name First Middle							
Address				Address							
City State Zip				City State Zip							
Removed By <input type="checkbox"/> Request <input type="checkbox"/> List				Removed By <input type="checkbox"/> Request <input type="checkbox"/> List							
Alcohol Test		Type	Results	Drug Test		Type	Results	Alcohol Test		Type	Results
Driver Condition		Direction of Travel		Vision Obscured		Contributing Factors		Driver Condition		Direction of Travel	
Vehicle Condition		Vehicle Maneuver		Pedestrian Maneuver				Vehicle Condition		Vehicle Maneuver	
Most Harmful Event		Vehicle Class		Vehicle Type				Most Harmful Event		Vehicle Class	
Traffic Control		Device Inoperative?		<input type="checkbox"/> Yes <input type="checkbox"/> No				Traffic Control		Device Inoperative?	
Injured Taken To By:											
EMS Notified Time		EMS Arrival Time		Hospital Arrival Time		Photos Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No		By:			
Report By:		Department		Report Date		Checked By:		Date Checked			
Witness(es): Name		Address		City		State		Zip Code		Telephone No.	
DPS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)											
COMMERCIAL VEHICLES ONLY											
Carrier Name Vehicle #						Carrier Name Vehicle #					
Address						Address					
City State Zip						City State Zip					
Number of Axles		G.V.W.R.		Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Cargo Body Type		Number of Axles		G.V.W.R.	
Vehicle Config.		I.C.C.M.C. #		U.S. D.O.T. #		Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>		Vehicle Config.		I.C.C.M.C. #	
C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
If YES, Name or 4 Digit Number from Diamond or Box: _____ 1 Digit Number from Bottom of Diamond: _____						If YES, Name or 4 Digit Number from Diamond or Box: _____ 1 Digit Number from Bottom of Diamond: _____					
Ran Off Road		Down Hill Runaway		Cargo Loss Or Shift		Separation of Units		Ran Off Road		Down Hill Runaway	

DPS-523 (2/94)

PAGE \_\_\_\_\_ OF \_\_\_\_\_

INDICATE  
NORTH



CITATIONS - VEHICLE # \_\_\_\_\_

Site Number: \_\_\_\_\_

Road  
Character

VEH.

BAG

100

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